

# ARIZONA CRIMINAL JUSTICE COMMISSION

## SEXUAL EXPLOITATION OF CHILDREN INVESTIGATION/PROSECUTION

### QUARTERLY PERFORMANCE REPORT

GRANT NUMBER: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

REPORT PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

#### CERTIFICATION:

I certify to the best of my ability, knowledge and belief that this report is true and correct.

Prepared By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Approved By: \_\_\_\_\_ Fax: \_\_\_\_\_

Return to:  
Program Manager  
Arizona Criminal Justice Commission  
1110 W. Washington St., Suite 230  
Phoenix, Arizona 85007

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	Initial	Date
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## **SEXUAL EXPLOITATION OF CHILDREN INVESTIGATION/PROSECUTION QUARTERLY REPORT**

*Please provide a narrative description of activities during this period that were supported or enhanced through the use of grant money received from the Arizona Criminal Justice Commission. You may use additional sheets when necessary.*